

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	5	1	2008

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	PERMIT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
	REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24
50060 S 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l	0		
See Comments	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0		
Dilution factor	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
80093 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0		
BOD,5-day, percent removal	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
81010 K 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Percent Removal	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0		
Solids, suspended percent removal	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
81011 K 0 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Percent Removal	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0		
Chlorine usage	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
81400 X 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
End of Chlorine Contact Chamber	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0		
Oil and grease Visual	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
84066 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0		
Toxicity, Chronic	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
TT000 1 8	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		
	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	*****	*****	*****	*****	*****	*****	*****	0		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
PHONE NUMBER
DATE
2008
MO
06
DAY
10

COMMENT AND EXPLANATION OF ANY VIOLATIONS

TYPED OR PRINTED

* The reporting period was from 05/04/2008 through 05/31/2008.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

001 A
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MONITORING PERIOD			
YR	MO	DAY	TO
2008	5	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	PERMIT	*****	*****	****	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT	*****	*****	****	*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	****	161 MO GEO	Req. Mon. DAILY MX	13	#/100mL	0	Twice Every Week	GRAB
31615 O 0	PERMIT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	400 WKL GEO	800 DAILY MX	#/100mL	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 P 0	PERMIT	*****	*****	****	400 WKL GEO	200 MO GEO	800 DAILY MX	#/100mL	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	****	400 WKL GEO	200 MO GEO	800 DAILY MX	#/100mL	0	Twice Every Week	GRAB
31615 Q 0	PERMIT	*****	*****	****	19.7	7.3	34.8	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	800 WKL GEO	400 MO GEO	1200 DAILY MX	#/100mL	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
45613 1 0	PERMIT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Effluent Gross	PERMIT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE	1.82	2.48	(03)	*****	*****	*****		0	Once Per Month	VISUAL
Effluent Gross	MEASUREMENT	1.82	2.48	(03)	*****	*****	*****		0	Once Per Month	VISUAL
50050 1 0	PERMIT	Req. Mon.	4.9	3	*****	*****	*****		0	Continuous	RECORD
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****		0	Continuous	RECORD

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

907 AREA CODE
586-0393 TELEPHONE
DATE MO DAY

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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTI: Scott Jeffers VW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

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OMB No. 2040-0004
Approval Expires 05-31-98

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2008	5	1	
YEAR	MO	DAY	DAY
2008	5	31	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	VALUE	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS			VALUE	VALUE	UNITS				
Turbidity	PERMIT MEASUREMENT	*****	*****	****	*****	12.1	16.0	(43)	0	0	Continuous	RCORDR	
00070 1 0	PERMIT MEASUREMENT	*****	*****	****	*****	3.8	3.8	NTU	0	0	Continuous	RCORDR	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	3.8	3.8	(19)	0	0	Once Per Month	GRAB	
Oxygen, dissolved (DO)	PERMIT MEASUREMENT	*****	*****	****	*****	29.4	34.8	(19)	0	0	Once Per Month	GRAB	
00300 1 0	PERMIT MEASUREMENT	*****	*****	****	*****	30	60	mg/L	0	0	Twice Per Month	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	34.8	*****	(19)	0	0	Twice Per Month	COMP24	
BOD, 5-Day, 20 deg. C	PERMIT MEASUREMENT	*****	*****	****	*****	6.8	7.0	mg/L	0	0	Twice Per Month	COMP24	
00310 1 0	PERMIT MEASUREMENT	*****	*****	****	*****	6.5	9.0	12	0	0	Weekdays	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	NT	NT	(19)	0	0	Quarterly	COMP24	
Alkalinity, total (asCaCO3)	PERMIT MEASUREMENT	*****	*****	****	*****	325.1	343.4	mg/L	0	0	Quarterly	COMP24	
00410 1 7	PERMIT MEASUREMENT	*****	*****	****	*****	1226	2452	lb/d	0	0	Twice Per Month	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	30	60	mg/L	0	0	Twice Per Month	COMP24	
00530 1 0	PERMIT MEASUREMENT	*****	*****	****	*****	30	60	mg/L	0	0	Twice Per Month	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	30	60	mg/L	0	0	Twice Per Month	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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Signature of Principal Executive Officer or Authorized Agent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE

2008
YEAR
06
MO
16
DAY

* The reporting period was from 05/04/2008 through 05/31/2008.

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LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL EFFLUENT
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			MO
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			YEAR
			MO
			DAY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
31615 S 9	PERMIT REQUIREMENT	*****	*****		400	200	800		Once Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	0	Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800	400	1200		Once Every Week	GRAB
31615 T 9	PERMIT REQUIREMENT	*****	*****	****	800	400	1200		Once Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	800	400	1200		Once Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

907 AREA CODE
586-0393 TELEPHONE
2008 YEAR
06 MO
10 DAY

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

DAY	DATE	WEATHER			FLOWS						INFLUENT						EFFLUENT							
		TEMP °F	RAIN INCHES	FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS		
SUN	4	41	0.09		2.00	64	1.77	24.2 /1	0.0576	10.0	7.5													
MON	5	44	0.30		1.95	58	1.72	22.7 /1	0.0546	10.0	7.5													
TUE	6	44	0.01		2.08	60	1.85	22.0 /1	0.0709	10.0	7.3													
WED	7	43	0.00		2.13	57	1.84	21.0 /1	0.0854	10.0	7.3	6.7	190	2916	322	4941	10.0	6.9	3.8	15.7	16.0	20.0	36.0	
THU	8	44	0.00		2.05	58	1.67	23.4 /1	0.0701	10.0	7.5													
FRI	9	47	0.00		1.92	58	1.68	22.0 /1	0.0548	10.0	7.3													
SAT	10	50	0.00		1.99	57	1.69	22.8 /1	0.0639															
SUN	11	50	0.03		1.97	67	1.68	26.8 /1	0.0602															
MON	12	44	0.46		1.95	72	1.74	27.8 /1	0.0571	10.0	7.8													
TUE	13	43	0.21		2.02	70	1.75	26.7 /1	0.0665	10.0	7.3													
WED	14	43	0.66		2.06	71	1.79	26.6 /1	0.0755	10.0	7.6		175	2613	300	4479	11.0	7.0				23.0	34.0	
THU	15	47	0.20		2.05	271	1.84	96.1 /1	0.0762	10.0	7.5													
FRI	16	44	1.29		2.41	386	2.00	125.7 /1	0.0787	10.0	7.3													
SAT	17	47	0.16		2.54	475	2.48	124.7 /1	0.0891															
SUN	18	44	0.00		2.50	1080	2.15	325.5 /1	0.0593															
MON	19	48	0.00		2.31	861	1.95	286.2 /1	0.0603	10.0	7.4													
TUE	20	53	0.00		2.22	788	1.95	262.1 /1	0.0739	10.0	7.6													
WED	21	49	0.14		2.17	812	1.88	280.0 /1	0.0784	11.0	7.5													
THU	22	48	0.00		2.17	718	1.88	247.7 /1	0.0768	10.0	7.4													
FRI	23	53	0.00		2.09	894	1.81	320.1 /1	0.0749	11.0	6.8													
SAT	24	56	0.00		2.12	829	1.80	298.5 /1	0.0705	11.0	7.7													
SUN	25	57	0.00		2.01	812	1.75	300.7 /1	0.0487															
MON	26	55	0.00		2.08	1320	1.83	467.0 /1	0.0546	11.0	7.7													
TUE	27	55	0.00		2.03	1300	1.75	480.9 /1	0.0543	11.0	7.4													
WED	28	59	0.00		2.03	1360	1.70	517.8 /1	0.0731	12.0	7.2													
THU	29	56	0.00		2.03	1490	1.71	563.9 /1	0.0842	11.0	7.4													
FRI	30	51	0.00		2.06	1790	1.70	681.2 /1	0.0721	12.0	7.5													
SAT	31	52	0.00		2.01	1880	1.69	719.6 /1	0.0760															
TOTAL			3.55		58.95		51.05		1.9177															
MAXIMUM		59	1.29		2.54	1880	2.48	490.7 /1	0.0891	12.0	7.8	6.7	190	2916	322	4941	12.0	7.0	3.8	16.0	23.0	34.0	34.0	
MINIMUM		41	0.00		1.92	57	1.67	23.0 /1	0.0487	10.0	7.2	6.7	175	2613	300	4479	10.0	6.8	3.8	9.9	20.0	30.0	30.0	
AVERAGE		49	0.13		2.11	655.52	1.82	233.3 /1	0.0685	10.5	7.5	6.7	183	2764	311	4710	11.0	6.9	3.8	12.1	21.5	32.0	32.0	

COMMENTS:
• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

May 2008	
Hrd. mg/l	110.0
Alk. mg/l	NT
D.O. mg/l	3.8
Turb. NTU	16.0

May 2008	
Copper	19.40 ug/L
Lead	1.00 ug/L
Silver	1.00 ug/L
Zinc	28.80 ug/L
NH3 mg/L	15.00 ug/L

WEEK	WEEKLY AVERAGE	
	BOD mg/l	TSS lbs
1	23.9	366.8
2	34.8	519.5
3		
4		
AVG	29.4	443.1
MAX	34.8	519.5